

RECEIVED
CENTRAL FAX CENTER

NOV 14 2007

FAX TRANSMISSION

DATE: November 14, 2007	
PTO IDENTIFIER: Application Number 10/588,679-Conf. #5097 Patent Number	
Inventor: Gavril W. Pasternak et al.	
MESSAGE TO: US Patent and Trademark Office	
FAX NUMBER: (571) 273-8300	
FROM: EDWARDS ANGELL PALMER & DODGE LLP Marina Heusch	
PHONE: (203) 353-6840	
Attorney Dkt. #: 62078(51590)	
PAGES (including Cover Sheet): 7	
CONTENTS:	Fee Transmittal (1 page) Supplemental Preliminary Amendment (3 pages) Amendment Transmittal (1 page) Certificate of Transmission (1 page)
If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (203) 353-6840 and send the original transmission to us by return mail at the address below. This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited. EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874, Boston, Massachusetts 02205 Telephone: (617) 239-0100 Facsimile: (617) 227-4420	

BEST AVAILABLE COPY

NOV 14 2007

No. 0131 P. 3

Edwards Angell Palmer & Dodge

Nov. 14, 2007 3:02PM

Under this Patentwork Reduction Act of 1980, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 06/30/2010. OMB 0551-0002
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/03/2004
Fee payment to the Consolidated Appropriations Act, 2005 P.L.R. 4744

FEE TRANSMITTAL

For FY 2008

<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT: \$ 0.00</p>	<p>Application Number: 10/598,679-Cont. #6087</p> <p>Filing Date: May 29, 2007, 371 date</p> <p>First Named Inventor: Gavril W. Pasternak</p> <p>Examiner Name: Not Yet Assigned</p> <p>Attorney Docket No.: 62078(S15B0)</p>
--	---

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account: Deposit Account Number: D4-1105 Deposit Account Name: Memorial Sloan-Kettering Cancer

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Change any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25	25
Each independent claim over 3 (including Reissues)	210	105	105
Multiple dependent claims	370	185	185

3. APPLICATION SIZE FEE			
Fee Description	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee Paid (\$)
Each claim over 20 (including Reissues)	21	0.00	0.00
HP = highest number of total claims paid for, 0 greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
15	0	105.00	0.00
HP = highest number of independent claims paid for, if greater than 3			

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Order (e.g., late filing surcharge):


5. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$760 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: Extra Sheets: Number of each additional 50 or fraction thereof: Fee (\$): Fee Paid (\$):

-100 = 50 = (rounded up to a whole number) x Fee Paid (\$):

6. SUBMITTED BY


Signature:  Registration No.: 47,547 Telephone: (203) 353-6840

Name (Printed): Marina Heusch Date: November 14, 2007

NOV 14 2007

Nov. 14. 2007 3:02PM Edwards Angell Palmer & Dodge

No. 0131 P. 4

AMENDMENT TRANSMITTAL LETTER				Docket No. 62078/51580
Application No. 10/588,679-Conf. #5097	Filing Date May 29, 2007/371 date	Examiner Not Yet Assigned	Art Unit 1647	
Applicant(s): Gavril W. Pasternak et al.				
Invention: IDENTIFICATION AND CHARACTERIZATION OF MULTIPLE SPLICE VARIANTS OF THE MU OPIOID RECEPTOR GENE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims 21	- 21 =	0	x 25.00	0.00
Independent Claims 15	- 15 =	0	x 105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Manna Heusch Attorney/Agent Reg. No.: 47,647  EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (203) 353-6840				Dated: November 14, 2007

PTDSB97 (09-04)
Approved for use through 07/31/2008. QMB 0651-0031
U. S. Patent and Trademark Office, U. S. DEPARTMENT OF COMMERCE
Under the Patent Protection Act of 1993, no persons are required to record in a collection of information unless it displays a valid QMB control number.

Application No. (if known): 10/588,979 Attorney Docket No.: 62078(51590)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on November 14, 2007
Date

Deborah Clark
Signature

Deborah Clark
Typed or printed name of person signing Certificate

Registration Number, if applicable (617) 239-0100
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Supplemental Preliminary Amendment (3 pages)
Amendment Transmittal (1 page)

RECEIVED
CENTRAL FAX CENTER

NOV 14 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Pasternak, Gavril W., et al. EXAMINER: Not Yet Assigned

U.S.S.N.: U.S. Application No. 10/588,679 ART-GROUP: 1647

FILED: March 29, 2007 371 date CONFIRMATION NO.: 5097

FOR: IDENTIFICATION AND CHARACTERIZATION OF MULTIPLE
SPLICE VARIANTS OF THE MU OPIOID RECEPTOR GENE

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached Supplemental Preliminary Amendment is being facsimile transmitted to the United States Patent & Trademark Office, to fax number (571) 273-8300 on the date indicated below.

Due: 11/14/2007

Deborah Clark
Deborah Clark

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SUPPLEMENTAL PRELIMINARY AMENDMENT

Applicants kindly ask that the above-identified application be amended prior to examination as set forth below. It is believed that no fee is due. The Commissioner, however, is authorized to charge any additional fees occasioned by this paper, or credit any overpayment of such fees, to Deposit Account No. 04-1105.

Amendments to the specification begin on page 2.

Remarks begin on page 3 of this paper.